	PATENT	F APPLICATI Effe	on EEE	DETERN ber 1, 2	/INAT 001	TION RECO	ORD					···ioei
		·	AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE (OTHER THAN SMALL ENTITY	
	OTAL CLAIM	S					Г	RATE	FEE	7	RATE	FEE
F	0A		ISLABER FILLO IN			MECHELINA		ALE F	E., 67.4.C) OR	BASICITED	₹
Ţ	OTAL CHARGE	EABLE CLAIMS	n	ninus 20=	*	·		X\$ 9=		OR	X\$18=	1
11/	DEPENDENT (CLAIMS	r	ninus 3 =	*		[X42=		OR	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=	1	7		
*	* If the difference in column 1 is less than zero, enter "0" in column 2								<u> </u>	OR		
	CLAIMS AS AMENDED - PART II								<u> </u>	OR		
		(Column 1)	- WILNUL	(Colun	mn 2) (Column 3) HEST IBER PRESENT OUSLY EXTRA	_	MALL	ENTITY	OR	OTHER SMALL		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID			. [RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	1 / 7	Minus	**	8	=	;	X\$ 9=		OR	X\$18=	
AM	Independent	ENTATION OF M	Minus	PENIDENT	3		;	X42=		OR	X84=	·
<u> </u>	T. M.O. T. M.C.O.	ENTATION OF W	OCTIFEE DE	PENDENT	CLAIM		+	140=		OR	+280=	
							ADI	TOTAL OIT. FEE		OR ,	TOTAL ADDIT, FEE	N
	ing present sections.	(Column 1)		(Colum		(Column 3)	,		٠.			
ENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RÄTE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		= .	X	\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	***	OL 6114	=	×	(42=		OR	X84=	
		TATION OF MIC	/CI II-UE DEI	CINDENT	CLAIM		+7	140=		OR	+280=	
	•	: '						TOTAL IT. FEE		OR'	TOTAL DDIT. FEE	
		(Column 1)		(Colum		(Column 3)				•		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ON.	Total	*	Minus	**		=	X	9=		OR	X\$18=	
A P	Independent	* NTATION OF MU	Minus	***	V 4"	=	X	12=	İ	or i	X84=-	
		TATION OF MU	CHIPLE DEP	CHUCK! (Y-VIM		+1	40≓	-	OR	+280=	
$-\pi$	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the T-lighest Number Previously Peld For IN THIS SPACE is less than 20, enter 20. If the T-lighest Number Previously Peld For IN THIS SPACE is less than 3, enter 3.									ᇿ	TOTAL	nan e
!!	the "Highest Nun	nber Previously Paloer Previously Pald	d For IN THIS	S SPACE IS I	ass ffran	S enter S		r. FEE L the app			DOIT. FEEL na 1.	

- - wice manager

BEJ. AVAILABLE CUPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE C			OTHER THAN SMALL ENTITY	
FOR			NUMBE	UMBER FILED		NUMBER EXTRA			RATE	FEE] [RATE	FEE
BASIC FEE										380.00	OR		760.00
TOTAL CLAIMS 20 minus 20=				?O=	*			X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	Ţ,	3 minus	3 =	*		۱. ا	X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	
* If	the difference	in colu	mn 1 is	less than ze	ı	TOTAL		OR	TOTAL	760			
	CI	(Colu	umn 1)	MENDED		SMALL	ENTITY	OR	OTHER THAN SMALL ENTITY				
AMENDMENT A	A	CL REM/ AF	AIMS AINING TER IDMENT		l PF	Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	* \	4	Minus	**(3 <u>0</u>	=	1	X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESEI	* NTATIC	N OF M	Minus	***		=/	1 [X39=		OR	X78=	,
	oi rnese	MAIL	OF IVI	LE DEF	-INL	ZEITI OLAIM		֓֞֞֞֞֞֞֞֞֞֞֞֓֓֡֓֓֓֓֓֡֓֡֓֡֓֡֓	+130= /		OR	+260=	
	·		· L	TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE						
		1 -											
AMENDMENT B	8	REM AF	AIMS IAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	* [4	Minus	**(20	=	11	X\$ 9=		ØR	X\$18=	
AME	Independent FIRST PRESE	*)N OF 14	Minus	PENI		=		X39=		OR	X78=	
	I moi PRESE	AIK	on or M	SELIFIE DE	۳N۱	CLAIM		'	+130=		OR	+260=	
									TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	
			umn 1)			Column 2)	(Column 3)						
AMENDMENT C		REM AF	AIMS IAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	* 1	8	Minus	**	00 .	=		X\$,9=		OR	X\$18=	
AME	Independent FIRST PRESE	*	<u>5</u>	Minus	PENE	<u> </u>	= /	1	X39=		OR	X78=	
	I IIIOI PHESE	MAH	JIN OF M	OCHTLE DE	∠INI.	DENT CLAIM		¹	+130=		OR	+260=	
**	If the "Highest Nur "If the "Highest Nu	mber Pre	eviously Pareviously P	aid For" IN THIS Paid For" IN THIS	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.								